



PTO/SB/21 (09-04)

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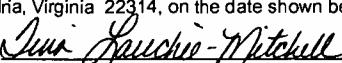
<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center; font-size: small;">(to be used for all correspondence after initial filing)</p>		Application Number	09/998359
		Filing Date	November 29, 2001
		First Named Inventor	David J. Foran
		Art Unit	2625
		Examiner Name	A. Tabatabai
Total Number of Pages in This Submission		Attorney Docket Number	UMNJ-P01-001

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):  Return Receipt Postcard Amendment Transmittal
		<input type="text"/>

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	ROPE & GRAY LLP		
Signature			
Printed name	J. Steven Baughman		
Date	July 8, 2005	Reg. No.	47,414

I hereby certify that this correspondence is being hand delivered to: Customer Window, MS Amendment, U.S. Patent and Trademark Office, Randolph Building, 401 Dulany Street, Alexandria, Virginia 22314, on the date shown below.

Dated: July 8, 2005

Signature:  (Tina Lauchie-Mitchell)

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<p>Effective on 12/08/2004.            Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b>  <b>For FY 2005</b></p>		<p><b>Complete if Known</b></p>	
		Application Number	09/998359
		Filing Date	November 29, 2001
		First Named Inventor	David J. Foran
		Examiner Name	A. Tabatabai
		Art Unit	2625
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>510.00</b>	
		Attorney Docket No. <b>UMNJ-P01-001</b>	

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

## **FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

**Fee Description**

### Each claim over 20 (including Reissues)

### Each independent claim over 3 (including Reissues)

### Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
24	- 24 =	x	=	Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)
5	5 =	x	=	

### **3. APPLICATION SIZE FEE**

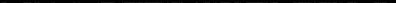
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): ~~125%~~ Extension for response within third month

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		47,414	(202) 508-4606
Name (Print/Type)	J. Steven Baughman	Date	July 8, 2005

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Dated: July 8, 2005

Signature: Tina Lauchie-Mitchell (Tina Lauchie-Mitchell)

Via:	Hand Delivery	Atty Dkt No.:	UMNJ-P01-001
Inventor:	Foran et al.		
Application No.:	09/998359	Filing Date:	November 29, 2001
Title:	COLLABORATIVE DIAGNOSTIC SYSTEMS		

**Documents Filed:**  
Transmittal (1 page)

Fee Transmittal (1 page) w/copy (1 page)

Amendment Transmittal (1 page)

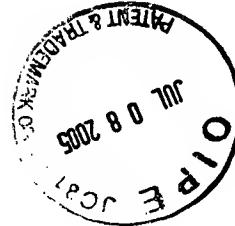
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Response to Non-Final Office Action (15 pages)

Charge \$510.00 to deposit account 18-1945

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Sender's Initials:	JSB/lm	Date:	July 8, 2005
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**AMENDMENT TRANSMITTAL LETTER**Docket No.  
UMNJ-P01-001Application No.  
09/998359Filing Date  
November 29, 2001Examiner  
A. TabatabaiArt Unit  
2625

Applicant(s): Foran et al.

Invention: COLLABORATIVE DIAGNOSTIC SYSTEMS

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	24	- 24 =		x	
<b>Independent Claims</b>	5	- 5 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within third month					510.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					510.00

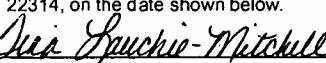
 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 18-1945 in the amount of \$ 510.00. A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
J. Steven Baughman  
Attorney Reg. No.: 47,414

Dated: July 8, 2005

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